

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	h		01/20/01
O.I.P.E. CLASSIFIER		11	01/20/01
FORMALITY REVIEW	A.T	10-11	06/18/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	01/20/01
2	✓	✓	01/20/01
3	✓	✓	01/20/01
4	✓	✓	01/20/01
5	✓	✓	01/20/01
6	✓	✓	01/20/01
7	✓	✓	01/20/01
8	✓	✓	01/20/01
9	✓	✓	01/20/01
10	✓	✓	01/20/01
11	✓	✓	01/20/01
12	✓	✓	01/20/01
13	✓	✓	01/20/01
14	✓	✓	01/20/01
15	✓	✓	01/20/01
16	✓	✓	01/20/01
17	✓	✓	01/20/01
18	✓	✓	01/20/01
19	✓	✓	01/20/01
20	✓	✓	01/20/01
21	✓	✓	01/20/01
22	✓	✓	01/20/01
23	✓	✓	01/20/01
24	✓	✓	01/20/01
25	✓	✓	01/20/01
26	✓	✓	01/20/01
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28	✓	✓	01/20/01
29	✓	✓	01/20/01
30	✓	✓	01/20/01
31	✓	✓	01/20/01
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42	✓	✓	01/20/01
43	✓	✓	01/20/01
44	✓	✓	01/20/01
45	✓	✓	01/20/01
46	✓	✓	01/20/01
47	✓	✓	01/20/01
48	✓	✓	01/20/01
49	✓	✓	01/20/01
50	✓	✓	01/20/01

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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Best Available Copy